

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Encourage Safety Awareness.
- Ensure soldiers have a method in which to contact the Chain of Command.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

The purpose of this counseling is to enhance your awareness of safety and ensure that you have properly planned your travel time if you are planning an extended trip. Are you planning on extended travel outside the _____ mile radius from the local area this weekend? YES _____ / NO _____ (circle one and initial)

If you are planning to travel outside this area, do you have the extended travel pass? YES _____ / NO _____ (circle one and initial) (If you have not completed the extended travel pass, you are not authorized to leave the local area until the DA Form 31 or Pass Form is completed.)

Please consider the following items over this weekend period (initial each)

- _____ If you consume alcohol, do so in moderation.
- _____ Use caution if you are going to mix alcohol and sporting events.
- _____ Do not operate a motor vehicle or other machinery after you have consumed alcoholic beverages.
- _____ Should you need a ride, you will use your leader card or contact me at _____ for a ride.
- _____ Only swim in approved areas with a lifeguard present.
- _____ Do not attempt to travel a long distance or a distance beyond your physical capabilities.
- _____ Ensure that you plan for adequate rest and eating while traveling.
- _____ Allow enough time for bad weather, heavy traffic, and other delays.
- _____ Ensure that you have adequate financial resources to return to your place of duty.
- _____ Avoid domestic disturbances; if this issue should arise, defuse it quickly or leave the area immediately.
- _____ Avoid establishments that create an environment for trouble.
- _____ Do not attempt to participate in activities that are clearly outside of your physical or mental capabilities or state of mind if affected by alcohol.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)

- Soldier stated that he/she understood the contents of the counseling.
- Soldier stated he/she would comply with the contents of the counseling.
- Soldier stated he/she was in possession of the unit leader card and/or my phone number.
- Requested that the soldier read and initial the following statements:

_____ Should you have any problems, contact me immediately

_____ If for some reason I am unavailable, you are to contact _____ at _____.

Enjoy your weekend.

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

- Ensure that the soldier understands the contents of the counseling.
- Ensure that the soldier has a unit leader card and/or phone numbers of key members of the chain of command in their possession.
- File copy of the counseling.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.